

## CLAIMS ONLY

Application Number: 12-000000

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS		AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
		Indep	Depend	Indep	Depend	Indep	Depend
1							
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49							
50							
Total Indep	2						
Total Depend	8						
Total Claims	10						

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						